Retail Application

~ Applicant's Statement ~

Dealer Name	Phone	Merchandise to be purchased
Cash price	**Cash down**	**Trade-in** / **Amount requested**

Applicant Last Name	First Name	Initial	Co-Applicant Last Name	First Name	Initial

Soc. Sec. Number	Date of Birth	Soc. Sec. Number	Date of Birth

Marital Status
Married _____
Unmarried ____
Separated _____

Number of dependents _____ (except spouse)

Phone

Housing status : ___ Buying ___ Renting ___ Own

Monthly payment/rent	Current value	Balance owing
$	$	$

Present address

_____

_____

city state zip

Date of address (month/year)

Mortgage company / landlord

Previous Address (if less than 3 years at present)

_____

_____

city state zip

How long?

Bank

Acct Type C- Checking S – Savings	Bank Name / Location	Acct No.

Applicant's Present Employer (Name, Address, Phone)

Position	Date Started	Salary-Gross	Salary-Net

Previous Employer (if less than 3 years at present); Address

Position	How long?

Co-applicant's Present Employer (Name, Address, Phone)

Position	Date Started	Salary-Gross	Salary-Net

Previous Employer (if less than 3 years at present); Address

Position	How long?

Other Income

Source	Monthly Gross	Monthly Net
	$	$

Alimony, child support or separate maintenance income need not be revealed if purchaser does not wish to have it considered as a basis for repaying this obligation.

Assets (autos, boats, etc.)

Year	Make and Model	Financed by

Nearest Relatives (not living with purchaser)

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

Accounts Outstanding – List all open accounts including home equity, auto, and credit union loans. List any child support or alimony if paying.

Creditor / Location / Security	Open Date	Amount Purch / Borrowed	Balance Owed	Monthly Payment

Notice

The federal equal opportunity act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The federal agency which administers compliance with this law concerning this credit application is the federal trade commission, Washington, D.C.

I/We hereby authorize you to investigate my/our credit for the above amount.

_____ Applicant's Signature

_____ Date

_____ Co-Applicant's Signature

_____ Date

Office Use Only

___ Approved: GLA = _____	Reasons / Conditions _____	By:
High Cr = _____	_____	Date:
___ Customer Cancelled ___ Turndown	_____	

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